

Section 125 Flexible Benefit Plan Change of Status Request Form



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If you have questions, contact your human resources department or call Chard, Snyder & Associates, Inc. at (513) 459-9997, toll free (800) 982-7715, or email at flex@chard-snyder.com.

1. Participant Information			
Empl	loyer		
Employee Name		SSN	Daytime Phone
Addre	ress	Check if New Address	Email Address (optional)
	If your qualifying event was incurred by a s Name	pouse or eligible dependent, then Relation to Employee	please provide the following information: Date of Birth (if eligible dependent)
2.	Change of Status		
	Please check the box next to the appropriate change of status and provide a brief explanation of the qualifying Check all categories that apply. You may be required to provide documentation supporting your qualifying Change in Marital Status (marriage, divorce, death of spouse, legal separation or annulment)		
	Change in Number of Dependents (birth Change in Employment and/or Eligibility Change in Daycare Provider and/or Rat Leave of absence in accordance with the	y of Self, Spouse or Dependent es (dependent care reimbursemer	nt account only)
	Check one: Pre-Pay Option Catch-Up Option Opt-Out Option Pay As You Go Other Change Explanation:		
3.	Change of Election		
	Healthcare Reimbursement Acco		New Payroll Deduction Amount \$
	Dependent Care Reimbursement This is for child and/or adult daycare exp		New Payroll Deduction Amount \$
***************************************	Other Section 125 Plan Benefit (please specify):	New Payroll Deduction Amount \$
4.	Certification		
I hereby certify that the Information supplied on this form is true and accurate. [For office use only] Approved Denied			
	Please return this form to your human on or before the end of your change	•	HR Representative Initials